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# CLINICAL NOTES

OF

*CASES TREATED IN THE ROYAL INFIRMARY, EDINBURGH.*


REPORTED BY

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## CLINICAL NOTES.

CASE I.—*Aneurism of ascending part of arch of Aorta. Intense Dropsy of upper half of body. Discharged, greatly relieved.*

A.M., aged 35, admitted Sept. 6th, 1866. Until the present illness he has always enjoyed good health, and been temperate in habits. He has been employed in wielding a heavy hammer, at a foundry, for the last fifteen years.

After finishing work on the 28th of August, he felt a sudden pain in the left breast, extending upwards to his throat. The jugular veins became intensely distended, and he felt as if choking would ensue. The face became red, and shortly afterwards swollen; and during the same evening his arms, neck, and chest, became very œdematous, and felt stiff and tight. For four days the jugular veins remained considerably distended, and when the distension decreased, the superficial veins of the chest became very prominent.

He has not been compelled to keep in bed, and has felt breathless if he lay down.

*On Admission.*—Patient is a strongly-made, muscular man. The face, neck, chest, and arms are very œdematous, and pit deeply on prolonged pressure. The œdema is very tense. The eyes are almost entirely closed, from the œdema. The skin of the legs and abdomen, from the umbilicus downwards, is not in the very least œdematous. The skin of upper half of body is very livid. The veins of the neck are swollen, and along the line of the diaphragm, and above it, the small superficial veins are very distinct, the ramifications of each vessel being clearly made out. He complains of difficulty in breathing, a feeling of tightness about the neck and arms, and pain over the region of the heart. The heart's apex, beats between the fifth and sixth ribs, a little to the inside of the nipple. Its impulse is increased, and the hand can distinguish a systolic purring thrill. There is no pulsation in the supra-sternal fossa.

Percussion elicits a dull note over a large conical area, having its apex at the manubrium of the sternum. Its left margin extends downwards from this to the point of apex beat, while its right margin extends to three-fourths of an inch on the right side of sternum, and runs parallel with it. The greatest breadth of this dullness is six inches, and its length seven inches. On auscultation, a loud blowing systolic murmur is heard all over this area of dullness. This is most marked at the centre of the sternum, is heard very distinctly over the upper and middle thirds of this bone, is also well marked over the second, third, and fourth right costal cartilages, and is continued into the diastole, rendering it very indistinct. At the third right costal cartilage another murmur is heard, which is very soft in

character, and resembles closely a "*bruit de diable*." It is heard loudest at the base, feebly at the apex, is diastolic, and lasts throughout both pauses. His voice is hoarse and broken. Physical signs of the lungs are normal. He takes his food well, and his bowels act regularly, once daily. The quantity of urine in 24 hours varies from 20 to 30 ounces. Its characters are normal.

He has no headache or giddiness, but feels weak and exhausted, and keeps his bed till after two p.m., and frequently all day.

On the 24th.—The intensity of the heart's sounds is considerably increased since admission, and the second sound is more distinct. The venous diastolic murmur is not now heard at the apex. The area of cardiac dulness is diminished, and now measures five inches, its right edge being about half an inch from the margin of the sternum, on the right side.

Oct. 1st.—Since admission he has been taking, as diuretics, the acetate, chlorate, and nitrate of potash, with only very slight benefit, the urine having varied from 18 to 30 $\frac{1}{2}$  daily. He has also had, since September 13, gin,  $\frac{3}{4}$ iv. daily. Ordered inhalations of juniper oil twice daily.

Oct. 2.—The œdema of face, neck, arms, and hands continues. It is harder than on admission, and he cannot button his shirt at neck or wrists. To-day there is some œdema of the right leg, and also, very slightly, of the left foot, penis, and scrotum. The apex beat is not so distinct as on admission, and is felt about an inch and a half below left nipple. On auscultation a loud, rough, double blowing murmur is heard at the base of the heart, while there is only a single systolic one at the apex, which is not so loud as that at base. The systolic murmur heard at the base, is also very distinctly heard, nearly as far up, as the apex of the right lung.

Pulse is 104—strong, equal on both sides, and regular.

Oct. 11.—The inhalations of juniper oil, ordered on October 1st, have had a marked effect on the quantity of urine. The daily average amount has been, for the last ten days,  $\frac{3}{4}$ lix.

Oct. 13.—Dropsy slightly diminished, especially in the right arm and hand. Complains of difficulty in micturition, and the urine feels hot. Ordered—

R. Spir. Aeth. Nitros.

Tinct. Hyoscyam.  $\text{āā}$   $\frac{3}{4}$ ii. Misee.

Sig. Capiat cochleare minimum ter in die.

The veins of the anterior abdominal wall are very much distended.

Oct. 17.—Symptoms of phymosis appeared. Hot fomentations not relieving these, the part was removed by a circular incision.

In the beginning of November the juniper oil began to lose its effect. It was, however, continued, and his gin was increased to  $\frac{3}{4}$ v. daily. The œdema of the upper half of body continues, but not so markedly as in the beginning of last month. Cardiac physical signs remain unaltered.

Nov. 13.—Ordered, on account of the benefit said to result from iodide of potassium in anæmisms:

R. Potas. Iodidi grs. 60.

Aquae  $\frac{3}{4}$ iii. S.

Sig. Coch. mag. cap. ter in die.

Nov. 20.—The hard œdema of thorax and arms is greatly diminished, and he can now button his shirt at both wrists and neck. The veins of anterior abdominal wall are exceedingly distinct. There is still marked lividity of the skin of the thorax and arms. The general health remains good. He now rises daily, and takes his food well. His urine continues, on an average, about  $\frac{3}{4}$ l. daily.



Dec. 3.—Patient continues improving, œdema is very much diminished and superficial abdominal veins are much more distended. He complains of weakness and numbness of his right leg; and says that he frequently has sharp shooting pains in his legs. These are worst at night, and seem to be altogether in the muscles.

Dec. 10.—The œdema on left side has disappeared; there is still, however, a little on the right side. Weakness and numbness of right leg continue. Complains of severe sharp pain in great toe of right foot. There is no redness of skin over the toe. He was ordered to have an interrupted galvanic current (from a Kemp's battery) applied, twice daily, for fifteen minutes, along the muscles of the legs.

Dec. 17.—His urine is again becoming gradually less in quantity, daily. Ordered:

R. Elect: Bitart: Potas.  $\bar{z}$ iii.  
Sig. Cap. coch. parv. ter in die.

Dec. 24.—The electuary has increased the urine, on an average,  $\bar{z}$ x. daily, but it has taken away his appetite. He was therefore ordered the bitartrate of potash, in the form of powder, 20 grains ter in die, and his appetite has improved.

January 14, 1867.—œdema has entirely disappeared from the body.

The cardiac dulness remains the same as on 24th Sept., 1866.

On auscultation a double blowing murmur is heard at both base and apex, both sounds being louder at the base.

The gait of the patient has been noticed to be unsteady, for a few days back, the numbness and weakness of right leg continuing, being only temporarily relieved by the use of galvanism.

The anesthesiometer showed, that the sensibility of the skin, of both hands and feet, and of the mucous membrane of the lips, was very much impaired.

The lips cannot distinguish two points at five-twelfths of an inch.

Right foot.—Dorsum cannot distinguish two points at three inches. Sensibility is almost wanting in the sole.

Left foot.—Dorsum cannot distinguish, even with pressure, at two inches. There is more sensibility of sole than in that of right foot.

Jan. 24.—Patient was discharged, relieved, as he wished change of air.

*Commentary.*—The presence of an aneurism, pressing upon the superior vena cava, was here easily diagnosed, on the first examination.

The exceedingly hard œdema (in some places as hard as wood), with its limitation to the upper half of the body, the turgidity of the veins and cutaneous vascular system, and the sudden outset of these symptoms—all pointed to some sudden pressure on an important venous trunk. This was confirmed by the physical examination of the heart. The loud, prolonged, systolic, basic murmur, with the largely increased area of dulness, extending up to the manubrium of the sternum, indicated an aneurism; while the peculiar "*bruit de diable*," heard so distinctly at the third right costal cartilage, was probably due to the blood, passing through the compressed vena cava superior. As the progress of the case shows, the diagnosis, to one having never seen it before, became daily more difficult. The hard œdema having passed away, the cardiac murmurs might easily be taken to depend on aortic valvular disease, with dilatation of the first part of the aorta, which the dulness would explain. The slow insidious way in which the disease of the nervous system showed itself, is worthy of notice. Sharp shooting pains, with numbness and weakness in the legs, followed by an unsteady gait. The wonderful adaptation of nature to the circumstances in which she is placed, could not be more typically seen than

in this case ; for, when the return of blood by the superior vena cava was to a great extent, hindered, the small superficial veins of the thorax and abdomen, which intercommunicate largely with each other, became greatly distended, and so, much of the blood from the upper part of the body, drained into the inferior vena cava.

The efficacy of inhalations of juniper oil, as a diuretic, is well shown in this case.

From admission till October 1st, various diuretics, as gin, nitrate, acetate, and chlorate of potash, were used, one after the other, and the average quantity of urine, for twenty days, was 28·9 ounces ; after juniper oil inhalations were given, the average for the same number of days was 52·5 ounces, which is a very large increase over the result of other much used diuretics. The mode of administration was, by inhaling steam from a sponge on which fifteen minims of juniper oil had been dropped.

He was re-admitted on April 2nd, 1867, the symptoms of ataxy having greatly increased. There is marked fulness in the sternal region, and on either side of it, for two inches, and slight pulsation is also noticed over that area. The jugular, brachial, and anterior abdominal and thoracic veins, are considerably distended. There is no lividity of any part of the skin, but that over the thorax pits very slightly on prolonged pressure.

The dulness in the region of the sternum, has increased since he left the Hospital on January 24th, and has its greatest intensity over the junction of the second left intercostal cartilage with its rib. It measures transversely  $5\frac{1}{2}$  inches, and the cardiac dulness is 5 inches.

*On Auscultation.*—A loud, double blowing murmur is heard both at base and apex.

Both murmurs are louder at the base.

At the junction of the third right costal cartilage with the sternum, the systolic murmur is even louder than at the base, and is continued without pause into the diastole.

This systolic aortic murmur is loudest at the junction of the manubrium with the sternum, and is also continued up along the second left costal cartilage for one inch and a-half, when it is suddenly lost. There is no "*bruit de diable*." Pulse 86, of good strength, both pulses equal.

The weakness of the lower extremities has increased very much since dismissal. He says they feel numb, and that he has not had any sensations of heat, cold, or tingling in them.

His feet are cold, he, however, did not know this till he touched them with his hands. His gait is unsteady, and his eyes are fixed on the ground when he walks. He cannot walk or stand with his eyes shut.

He says that he does not feel the ground when he stands or walks. The sensibility of the feet to heat and cold, is nearly altogether absent.

All these symptoms are worse in the right leg and foot.

The sensibility of the arms and hands has not decreased since January.

There is no decided atrophy of any of the muscles, except those of the right calf, which measures eleven inches, while the left one measures twelve .

His appetite is good, bowels act regularly. There is no difficulty in micturition or any dribbling after it.

CASE II.—*Pleuro-pneumonia. Acute Inflammatory Bright's Disease. Death.*

A. J., aged 60, Labourer, admitted Dec. 19th, 1866. Until the 13th of December he was in good health—On that day he got cold while working, this was followed by a rigor, feeling of giddiness, and cough. At night he



felt breathless, and could not sleep. Since the 13th December he has not worked any, his appetite has been poor, and he has complained greatly of thirst.

*On Admission.*—The percussion note over the whole of right lung, both anteriorly and posteriorly, is normal. On the left side, anteriorly, there is comparative dulness at apex, and absolute dulness from nipple downwards to base. Posteriorly, there is comparative dulness over upper third of lung, while absolute dulness obtains over the lower two thirds.

*On Auscultation, Anteriorly.*—On the right side. Over the whole of lung the breath sounds are harsh. There is no crepitation, except at the apex, where it is very slight. Vocal resonance nowhere increased. On the left side, at the apex expiration prolonged; the breath sounds are also harsh, but unaccompanied by crepitation. From an inch above to an inch below the nipple there is a double friction murmur; no crepitation. Below this breath sounds are distant. Vocal resonance slightly increased at the apex.

*Posteriorly.*—On the right side, breath sounds are harsh; no crepitation. On the left side, over the upper third, the breath sounds are harsh, while from the superior angle of scapula to the inferior, there is tubular breathing, accompanied by ronchus; there is no crepitation. Below this the breath sounds are indistinct, and accompanied by slight friction. Vocal resonance slightly increased at apex, and along the dorsum, but not at the base. The pulse is 96, small and weak; both radial pulses equal; cardiac sounds normal. Tongue covered with a brown fur in the centre. Complains of thirst; appetite bad; bowels not regular in action. Complains of sharp pain in the left side below the nipple. Sleeps well at night; both pupils largely dilated. Urine is high coloured, chlorides are diminished. There is *not a trace* of albumen. Otherwise normal.

On the evening of admission he was ordered a lintseed meal poultice over the whole of left thorax, and the next day  $\bar{\text{z}}$ ii. of whisky, with one pint of milk, and another of strong beef tea.

On the 20th.—Patient slept well last night, pain greatly relieved. No change in the physical signs on right side, or on left side anteriorly, but on the left side posteriorly, over the lower  $\frac{3}{4}$ ths, both breath sounds are tubular in character, and inspiration is accompanied by crepitation; there is also a slight double friction murmur. Vocal resonance is slightly increased. The sputum is copious, muco-purulent, tenacious, frothy on surface. There is no rusty colour, but on examining the muco-purulent masses microscopically, numerous red blood corpuscles are observed. Ordered to continue the stimulants, and poultices twice daily.

Dec. 23.—Patient sleeps well at night, takes his food well, having eaten a steak to dinner yesterday, and has no pain. Pulse 116, weak. Whisky increased to  $\bar{\text{z}}$ v. Calaplasmata continued.

Dec. 26.—Patient feels hot and thirsty; skin is dry and harsh. Ordered;

R. Spir. Aeth. Nitrosi  $\bar{\text{z}}$ lii.

Aq. Ammon. Acet.  $\bar{\text{z}}$ ss.

Aquam ad  $\bar{\text{z}}$ vi. M.

Sig. Cap. coch. mag. ter in die.

January 3rd, 1867.—Upon the 27th ultimo., patient had a rigor. To-day he is covered with a copious sweat. Tongue is moist, red at tip and edges, with a heavy white fur over both lateral halves of dorsum; appetite is not so good as it was eight or ten days ago. He was ordered powders of bismuth and rhubarb, and to stop the mixture ordered on the 26th.

Jan. 5th.—Yesterday afternoon his bowels were moved five times.

Stools loose and watery, and contained no blood. He did not sleep at all during the night. To-day his skin is very hot, whole of body covered with a profuse sweat. He complains of thirst, but has no headache. Appetite and tongue in statu quo. Ordered to stop the powders given on the third, and to have his beef tea increased; also to have sherry  $\bar{z}$ iv., and whisky increased to  $\bar{z}$ vi. His appearance is anxious, respiration hurried, cough frequent and troublesome. Sputum tenacious, more mucous in character, has no foetid odour. There is also slight œdema of the feet; urine is scanty, the exact quantity is not known, and it was unfortunately not tested for albumen.

Jan. 6.—He says he slept well for six hours last night. The expression of the patient is very anxious. The whole body, but more especially the head, is covered with a profuse sweat. There is considerable dyspnœa, which last night and to-day has been relieved by sinapisms. There is no fœtor of breath. Pulse 96, weak, irregular as regards strength. Tongue is covered with heavy white fur. Appetite bad. No diarrhœa to-day.

Urine contains a copious deposit of lithates, and, on boiling with nitric acid, gives a deposit of albumen equal to half the amount of urine used. Chlorides diminished. On microscopical examination it contains numerous blood corpuscles, with epithelial and bloody tube casts, and a large quantity of amorphous urates.

Was ordered to have the cataplasms, sinapisms, and stimulants continued.

Jan. 7.—The œdema of feet has increased, and now extends up to the knees. The hands and face are also swollen, and pit on pressure,

Was again ordered, as a diuretic and refrigerant:

R. Spir. Aeth. Nitrosi.

Aq. Ammon. Acet.  $\bar{a}\bar{a}$   $\bar{z}$ ss.

Aquam ad.  $\bar{z}$ vi. M.

Sig. Cap. coch. mag. ter in die.

In the evening the œdema was still increasing. Pulse 100; very weak. Ordered brandy in  $\bar{z}$ ii. doses every hour.

Jan. 8.—The œdema is increased, and the general state of the patient is rather worse. Pulse 120; very weak. He continues to expectorate easily. Sputum has same characters as on December 20th. No fœtor of breath. The physical state of lungs to-day is as follows—

*On Percussion.*—There is marked dulness from the third rib to the base on the left side, both anteriorly and posteriorly. At the extreme base this dulness is less absolute, otherwise normal.

*On Auscultation.*—Slight sibilation on the right side posteriorly. On the left side the breath sounds are tubular in character, and crepitation obtains with inspiration over lower two-thirds of lung. Vocal resonance markedly increased. Urine scanty. Was ordered:

R. Elect. Potas. Bitart.  $\bar{z}$ iii.

Sig. Cap. coch. minim. quaque octô horâ.

*Vespere.*—Pulse 106; very small and weak. Respirations 46 per minute; inspiration is very short. There is a sound of gurgling in the throat.

Jan. 9.—The urine decreased to  $\bar{z}$ xii. Specific gravity 1028. Smoky colour; acid reaction. Still contains one-half of albumen, and deposit of lithates. Chlorides also diminished.

Jan. 10.—For the first time patient has not slept well at night. To-day his heart's action is very weak, and sounds not much more than audible. Pulse 120; very weak. Respirations 46. He has a desire to sleep constantly; his pupils are normal, and he has no headache. Urine  $\bar{z}$ xv. Same characters as yesterday. A sinapism was applied over the



region of the heart, as a fillip to its action, shortly after which patient died while asleep.

*Autopsy.*—The whole body was cedematous—the hands, feet, and legs being especially so.

The right lung was congested and cedematous.

The left lung was adherent throughout its entire extent. It also was cedematous, and its lower two thirds were in a state of hepatization, some parts having passed on from red to grey.

On examination of the kidneys, they were found to be in the first stage of acute inflammatory nephritis, both organs being extremely congested, and the epithelium lining the cavity of the tubules, being filled with an exudation, which in some places completely blocked them up.

*Commentary.*—The point of most interest in this case, was the occurrence of acute inflammation of the kidneys, on the pleuro-pneumonia, at a time when convalescence was commencing. He never before had any dropsy or swelling of the feet, but it was noticed that for about a year past, the quantity of his urine was considerably increased, although it had decreased lately. The question as to whether this was a purely inflammatory affection of the kidneys, or an inflammatory, supervening on a previous waxy state of these organs, was difficult to determine; but the former appeared to be the more satisfactory diagnosis, for lately the urine had diminished in volume, and there was the total absence of albumen in it on admission.

The extremely unsatisfactory state of patient on the 3rd and 4th January, led to the supposition, that probably gangrene was occurring, but the signs of that were wanting, nor was there the very least factor of the breath.

This acute affection of the kidneys was preceded by no rigor, unless we take that of the 27th December, and this is scarcely tenable, for it was not till the 3rd January that any serious symptoms appeared, and cedema of the ankles began only on the 5th of that month.

The autopsy showed, that the diagnosis was correct, not only as regards the lungs, but also respecting the disease of the kidneys, there being no waxy state of these organs.

### CASE III.—*Acute Tuberculosis of Lungs. Pneumo-thorax. Death.*

R. E., aged 24, admitted September 20, 1866. Patient was quite well till two months ago, when the present illness commenced with a dry, hard cough, of a barking character.

Shortly after this, he was exposed to rain, and remained in his wet clothes for some time, after which, the cough was accompanied by a spit, of a greyish yellow colour. He has never expectorated any blood. He also complained of a sore throat, and swelling of the feet and legs. This was worst during the day. The face swelled considerably, and he lost his appetite to a great extent.

*On Admission.*—Patient complains of short, frequent, severe cough, accompanied by very scanty sputum, which is frothy in character. Voice is cracked and husky, but occasionally clearer.

*On Percussion.*—There is comparative dullness over the upper two-thirds of right lung, both anteriorly and posteriorly. Left side normal.

*On Auscultation.*—On right side, expiration is prolonged. Over the upper two-thirds of the lung, anteriorly and posteriorly, both breath sounds are harsh, and accompanied by fine crepitation.

Vocal resonance and fremitus are much increased.

On the left side, there is slight harshness of breath sounds at the apex. There is no crepitation nor increase of vocal resonance. Pulse 108, soft, weak. Cardiac sounds normal. The skin is hot, but moist. There is slight cedema of the upper half of body, more especially of the face. No

œdema of lower half of body. Tongue covered with white fur; appetite not very good; bowels regular. He sleeps well at night; but complains of pain in throat when coughing, and a dull heavy feeling over the front of the chest. Makes his urine freely: it is normal in character.

Was ordered,—

R. Tinct. Opii. Camphoratae.  
Vini Ipecacuanæ āā ̄ii.  
Syrup. Scillae ̄ss.  
Aquam ad ̄vi. M.  
Sig. Cap. coch. mag. quaque quartâ horâ.

October 5.—Slight œdema of upper part of body continues. No change in physical state of lungs. Appetite has not improved since admission. He was therefore ordered—Ferri et Quinae Citratis, in 5 grain doses, three times daily.

Oet 9.—No change in physical state of lungs. Appetite is slightly improved, and he says he feels stronger, since obtaining the quinine and iron. There is great heat of skin, which is quite moist. The œdema still continues. Was ordered, ̄ii. of whisky daily: and

Emp. Lyttæ 3 × 2.

Sig. To be applied over the right supra seapular region.

Oet. 11.—The œdema has disappeared to a great extent. The skin is pungently hot, but moist. Pulse 104; small and weak. Whisky changed for sherry ̄v. Dulness on right side extends to the seventh intercostal space. The fine crepitation exists over the whole of the right lung, with both inspiration and expiration. At the apex the crepitation is larger than on admission.

No change in the physical signs on left side. There is slight fœtor of the breath. Sputum increased in quantity; characters as before. There is a slight trace of bile pigment in the urine.

Was ordered—Turpentine stupes over the right chest, twice daily, and another blister over the right supra-scapular region.

Oet 21.—Patient considers himself stronger, than he was ten days ago. Skin still very hot; now there is no œdema. The crepitation in the right lung is increasing in coarseness. The breath sounds in the left lung, are also slightly harsher, but there is no crepitation. There is no fœtid smell of breath. Sputum is more copious, and contains several muco-purulent masses. Pulse varies from 100 to 116, and is always small, and very weak. The blisters have given no relief.

Was ordered,—

R. Spir. Chloroformi.  
Tinct. Hyoseyami āā ̄ss.  
Syrupi Scillae ̄i.  
Aquam ad ̄vi. M.  
Sig. Cap. coch. mag. ter in die.

Oet. 24.—Appetite slightly improved. Pulse varies from 96 to 100, and is a little stronger. Expectoration is easier, and more copious. Physical state unchanged.

Nov. 1.—Cough is more severe than it has ever been. It continues of a barking character. Respirations 30 per minute, no dyspnœa. There is now slight crepitation at the left apex. This extends down to the third rib. No audible change on right side. Appetite remains good; no diarrhœa. Pulse 114. Sherry increased to ̄vi. daily.

Nov. 9th.—Since the 1st instant patient has not been nearly so well.

The physical state is on the right side unchanged, but on the left, large crepitation is heard with both inspiration and expiration, over the middle third of the lung, anteriorly. His appetite is not nearly so good, tongue covered with a moist white coat. There is a tendency to diarrhœa every two or three days. For this he has had brandy  $\tilde{\text{ii}}$ . daily, and  $\text{℥xx}$  of chlorodyne, after every second liquid stool. This checks it for a day or two but it returns. The stools are watery and of a dark yellow-green colour.

Nov. 14th.—There is no marked change in the physical state of the lungs since last report. Diarrhœa still recurs but is checked by chlorodyne.

Feet are œdematous and pit deeply on pressure. There is no albumen in the urine. Pulse 140 very small and weak. In the evening at 8 p.m. he had an attack of dyspnœa, which was relieved by  $\text{℥xx}$ . of spirit of chloroform. He then slept till 11.40 p.m., when another attack of dyspnœa occurred, which lasted fifteen minutes. Brandy and chloroform were given, but the patient sank, breathless, at 12.5 a.m.

*Autopsy.*—The body was not emaciated. There was slight œdema of the feet. The right pleural cavity, was occupied by air, the lung being much compressed, posteriorly. There was no pus or lymph in it. In the middle of anterior surface, of upper lobe, of right lung, there was a recent, minute perforation, communicating with a vomica. At the apex, there were several cavities of considerable size, and throughout the rest of the lung, there were numerous tubercular deposits, many of which had softened in the centre.

The bronchi contained much mucus, while some parts of the lung were collapsed, and others emphysematous.

The left lung was infiltrated with tubercle, in different degrees of softening, except at the base. All the other viscera were natural.

*Commentary.*—This case of acute tuberculosis of the lungs, presents several points of considerable difficulty, and interest. The whole duration of illness, from the time of perfect health till death, was rather less than four months.

On admission the difficulty of diagnosis lay between tubercle and aneurism. As regards tubercle there was the fact of his father's death from that disease, while the dulness on percussion on the right side, with the prolongation of expiration, and the presence of crepitation, almost confirmed the diagnosis of that affection. But why was there œdema of the upper half of body, and a barking cough? The former seemed to point to an aneurism, pressing upon the superior vena cava (see case I.), while from the latter it seemed probable, that there was pressure on the trachea, and this also would cause the huskiness of the voice. But, again, if there were an aneurism in these situations, would there not in all probability be some valvular change in the heart, and dulness over the superior part of the sternum? The heart's sounds, and percussion over the manubrium, were however normal. The diagnosis between these two affections was not certain, and therefore the case was carefully watched and any new symptom noted. The probability of its being acute tuberculosis, was strengthened, by the feverish heat of skin, the dulness over the upper  $\frac{2}{3}$  rds of the right lung, with the increase of vocal resonance and fremitus. This probability was made almost certain, on the 21st of October, by the left lung becoming affected, and certain, on the 1st of November, when crepitation was distinct at the left apex.

The spread of the tubercle in both of the lungs, was very rapid, and accompanied by a considerable amount of fever. The occurrence of diarrhœa, and the loss of appetite, about a week before death, undoubtedly hastened the fatal result, but the immediate cause, was extension of the ulceration



from a vomica, and perforation of the right pulmonary pleura. The pleural sac thus became filled with air, both lungs being compressed, by the entrance and retention of air, within the right pleural cavity. Dyspnœa then set in, which rapidly proved fatal.

CASE IV.—*Acute Inflammatory Bright's Disease. Uræmia. Intense Dropsy. Recovery.*

J. N., aged 34, baker, admitted 1st Nov., 1866. Ten years ago, when in the army, he contracted syphilis. He had a primary sore and a bubo. He is much exposed by his trade to heats and colds. Four days ago, he noticed his feet and ankles swollen, when he rose in the morning. This still continues. He has not had, even the slightest rigor, and his urine is not decreased in quantity.

*On Admission.*—Voice husky and croaking. Respirations 23 per minute. He has a short, frequent, troublesome cough. Percussion, anteriorly, is normal; posteriorly, on right side, there is marked dulness over lower two-thirds of lung—at the base this is absolute. On the left side there is dulness from the inferior angle of scapula to the base.

*On Auscultation.*—Anteriorly, the breath sounds are normal. Posteriorly, on the right side, over the upper third, the breath sounds are puerile: over the middle third, expiration is prolonged, and there is some slight sibilation: at the base, expiration is prolonged, respirations are harsh, but not tubular in character, and are accompanied by crepitation. Vocal resonance not markedly increased.

On the left side, the same as on the right, but not so well marked.

Pulse 47; small and weak. Cardiac action is laboured, and its sounds are normal.

Complains of pain in the chest, which, he says, is the result of coughing. Does not sleep well. Has no headache, and can see and hear perfectly. Tongue is covered with a heavy white fur, which is brown at the back. Complains of great thirst. Appetite is very good. Bowels opened once or twice every day.

Up to both knees, there is œdema, which pits deeply on pressure. The abdomen is also swollen, and the skin of it pits on pressure. He measures—at right ankle, 11 inches, at left do.,  $11\frac{1}{2}$  inches; right calf,  $14\frac{1}{2}$  inches, left do.  $14\frac{1}{2}$  inches; at umbilicus,  $35\frac{1}{2}$  inches; at ensiform cartilage, 38 inches.

He micturates more frequently than usual. Complains of pain in the left lumbar region, which is increased on pressure. Urine—specific gravity 1013, acid, dull, red, smoky colour. Deposits one-third of albumen on boiling it with nitric acid. There is also a deposit, which, on microscopical examination, is found to be composed of red blood corpuscles, with granular, epithelial, and hyaline tube casts.

Was ordered, on Nov. 1—

R. Infusi Digitalis  $\bar{\text{z}}$ vi.  
Sig. Cap: coch: med: ter in die.  
R. Potas. Bitartratis grs 120.  
Theriaci  $\bar{\text{z}}$ i. M.  
Sig. Cap: coch: min: ter in die.

Nov. 3.—œdema continues undiminished. The genitals are also much swollen. Urine varies from  $\bar{\text{z}}$ l. to  $\bar{\text{z}}$ lx. daily; its characters are the same as on admission. Pulse 56; small and weak. Cough more troublesome. Sputum copious, gelatinous, muco-purulent, and slightly tinged with blood. No change in the pulmonary physical signs.

Ordered to be dry-cupped over the loins, and to have turpentine stupes over the whole of the back.

The infusion of digitalis is stopped on account of the feebleness of the heart's action, but he is ordered to have two pills of squill and digitalis daily, and  $\text{ʒiv.}$  of gin.

Nov. 9.—Since being dry-cupped, on the 3d, the urine has risen in quantity—thus : on the 3d, 100 ounces ; on the 4th, 70 ounces.

He was again cupped, and, on the 5th and 6th, the quantity was again 100 $\frac{3}{4}$  daily.

Œdema is not diminished. He was ordered to have a vapour bath. He had this, on the 4th, 6th, 7th, and 8th, but did not sweat any. The quantity of urine continues to be  $\text{ʒc}$  daily.

Nov. 11.—Yesterday evening he threw off his bed clothes, and caught cold. Slept well during the night. To-day, the swelling of the body is greatly increased. Scrotum is like the head of a child, nine or ten months old. *He has made no urine to-day.* He complains of headache, and cannot see or hear distinctly. Pulse 50, very small and weak (squill and digitalis pill stopped). Ordered  $\text{ʒii.}$  of Brandy every hour, and

R. Pulv. Jalap. co.  $\text{ʒi.}$   
Sig. Cap: pulv: statim.

*Vespere.*—Patient lies prostrate, and cannot recognise any one. Has not made any urine to-day. Bowels not moved. Between 7 and 10 o'clock, p.m., his whole body was violently convulsed five times. There was no scream, eyes were rolling, pupils contracted, face and conjunctivæ very livid. Pulse 96, almost imperceptible from its weakness. Each fit lasted about two minutes, and when it was over, the pulse quickly fell to 64, still very weak. Cold was applied to the head, and ten ounces of blood were extracted by cupping-glasses from the lumbar regions. About an hour after this, he passed a few ounces of urine.

On the 12th.—He had another fit. On account of the bowels not being yet moved he was ordered—

R. Pulv: Jalap: co.  $\text{ʒiss.}$   
Sig. Capiat pulv. statim.

Shortly after taking this his bowels were freely moved. Urine 40  $\frac{3}{4}$ , deposits  $\frac{3}{4}$  albumen. There is increase of the œdema. Pulse 50 small and weak. He can take nothing but milk.

Nov. 13th.—He can see pretty distinctly, and can recognise his friends both by their voice, and appearance. General condition "*in statu quo.*"

Nov. 17th.—There is slight improvement to-day. Pulse 72, stronger than any time since admission. Œdema of arms and face greatly diminished, no change in size of legs. Urine varies from  $\text{ʒlxx.}$  to  $\text{ʒc}$  daily. Characters the same. Appetite remains good ; bowels opened once daily, either naturally, or by Jalap: pulv: comp.

Nov. 19th.—Can take a deep inspiration without any pain. There is still slight dulness at the bases of the lungs posteriorly, and on auscultation, the breath sounds are harsh, and both are accompanied by crepitation. General condition improving.

Nov. 28th.—Œdema of body is *very slowly* diminishing. Pulse 78, improved in strength. His appetite is good. Does not sleep well at night. Has no cough.

Urine  $\text{ʒlii2}$  with the same characters as before. He measures to-day,

Right Instep	10 $\frac{1}{2}$ in.	Left Ditto.	10 $\frac{1}{2}$ in.
„ Ankle	11 $\frac{1}{2}$ .	„	12
„ Calf	17.	„	16 $\frac{1}{4}$
„ Thigh	21 $\frac{3}{4}$ .	„	21
Scrotum	16 inches ; at Umbilicus 40 $\frac{1}{2}$ inches.		

Dec. 1st.—The œdema of the legs and body seems now to be almost at a stand-still. There is considerable oppression of the breathing and some dulness still exists, at the bases of both lungs posteriorly. Was ordered to have turpentine stupes applied over the whole of back. The inhalations of juniper oil are not relished by him and sometimes make him sick. He is ordered to stop them.

Urine varies from 100 to 120 ounces, daily.

Dec. 5th.—For the last two days he has not been so well, he is low in spirits, and complains of severe headache, and vomiting after food. Pupils normal, pulse 80 weak, measurements increased by œdema.

Right Instep	10 $\frac{5}{8}$ inches,	Left Instep	11 $\frac{1}{8}$ inches.
" Ankle	12 "	" Ankle	12 "
" Calf	17 $\frac{1}{8}$ "	" Calf	17 "
" above Patella	18 "	" above Patella	18 "
" Middle of Thigh	22,	" middle of Thigh	22
Scrotum 15 inches ; at Umbilicus 42 inches.			

Several punctures were made with a fine pointed needle, on the dorsum of each foot, to relieve the œdema.

Dec. 10th.—Headache and sickness continue, and he has vomited several times to-day, œdema of feet diminished. Since the punctures were made there has been a slight amount of erythema, on the dorsum of both feet. Urine varies from 100 to 125  $\frac{2}{3}$  daily, contains a deposit of fatty, granular and hyaline casts, and a few blood corpuscles, and on boiling gives about  $\frac{1}{3}$  of albumen. Was ordered a bottle of Lemonade daily, and to have his brandy increased to  $\frac{2}{3}$ vi.

Dec. 20th.—Sickness after food continues, and vomiting occurs occasionally. Was ordered—

R. Acidi Hydrocyanici ℥xxiv.

Bismuth. albi grs. 120.

Mucilaginis  $\frac{2}{3}$ i.

Tinct: Cardamom. eo  $\frac{2}{3}$ ss.

M. Aquam ad  $\frac{2}{3}$ vi.

Sig. Cap: coch: mag: ter in die, semihora ante cibos.

The relief to the œdema has been very marked, since the 5th instant. Punctures have been made several times since then, when there was no erythema of feet. The swelling of the abdomen, and the œdema of the abdominal walls, is not however diminished.

Jan. 1st., 1867.—His strength is improving daily and for the last week he has risen every afternoon. Œdema of the legs greatly diminished. Pulse is weak, diet increased by several extras.

Jan. 16th.—General health still improving. The œdema of legs has now decreased so much, that their natural form can be distinguished. Fluid in the abdominal cavity, and walls not much decreased. Measurements now are—

Right Instep	9 $\frac{3}{4}$ inches,	Left Instep	10 inches.
" Ankle	10 $\frac{1}{2}$ "	" Ankle	10 $\frac{1}{2}$ "
" Calf	13 $\frac{1}{2}$ "	" Calf	13 $\frac{1}{4}$ "
" Middle of Thigh	17 $\frac{1}{2}$ ,	" Middle of Thigh	17 $\frac{1}{2}$ .
Scrotum 11 inches ; at Umbilicus 37 $\frac{1}{2}$ inches.			

Jan. 22nd.—Improvement is now rapid. No return of headache or vomiting. He is out of bed nearly all day. The œdema of legs almost disappeared. Urine still deposits about 1-5th of albumen on boiling with nitric acid.



There is so much improvement since last report that he was discharged on February 3rd, convalescent.

*Commentary.*—This is a typical example of acute inflammatory Bright's disease, occurring in one, whose trade predisposes him to it. The diagnosis at first was doubtful, as regards whether this was a purely inflammatory form, or an inflammatory, supervening on a waxy state of the kidneys, due here to syphilis. The opinion that it was the former, was strengthened by the fact, that there was no increase of hepatic dulness; for it is rare indeed that a waxy state of the kidneys is present without also a similar condition of the liver. A fresh exposure to cold on Nov. 10 brought on symptoms of uraemia on the 11th. No urine having been secreted for eighteen hours, the retention in the blood, of those products of tissue-waste which pass off by the kidneys, ensued, and symptoms of uraemic poisoning, were not long in presenting themselves.

None of the convulsions were preceded by any aura or scream; otherwise they were in every respect similar to those of epilepsy. The efficacy of bleeding in cases of uraemia was here put to the trial, and succeeded well. Total suppression of urine had come on, and he was lying in a semi-comatose condition. When the first cupping-glass was applied, there was no movement on the part of the patient, but before the ten ounces of blood were drawn, he protested vehemently against "such cruelty."

The effect of bleeding from the loins, was to relieve the congestion of the vessels of the kidneys, and as soon as this was effected, urine began to be excreted, though in small quantity.

During the latter half of November, the diminution in the dropsy was remarkably slow, although the urine kept at the high standard of 100-120 ounces daily. Here juniper oil inhalations, although they increased the flow of urine, did not diminish the dropsy, and also made him sick. After trying various diuretics with no relief to the œdema, several punctures were made in the skin of the dorsum of both feet, and the dropsy diminished so rapidly, that he was able to rise within twenty days.

The future progress of the case, was in every respect satisfactory. The urine became less albuminous, paler in colour, and its deposit consisted of hyaline, and fatty tube casts, with a *very few* red blood corpuscles. His strength improved daily, and the œdema of body entirely disappeared, but even on dismissal, on the 3d of February, there was still a little ascitic fluid in the cavity of the peritoneum.

